| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
| | | | | | | | | | | |

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|--------------------------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| CT0530044 | GIDDINGS RECREATION CONCESSION STAND | | | | NC | 25 | L | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| ROUTE 207 | | Connections | | | 1 | | | |

| Towns Served: FRANKLIN | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|--|--|--|--|--|
| Monitoring Re | quirements | | | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | | | |
| Total Coliform (3100) | | 1 rou | tine (RT) per month | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| Select from Inventory of Active Sampling Points | 4/1/19 - 4/30/19 | | | | | | | | |
| | 5/1/19 - 5/31/19 | | | | | | | | |
| | 6/1/19 - 6/30/19 | | | | | | | | |
| | 7/1/19 - 7/31/19 | | | | | | | | |
| | 8/1/19 - 8/31/19 | | | | | | | | |
| | 9/1/19 - 9/30/19 | | | | | | | | |
| | 10/1/19 - 10/31/19 | | | | | | | | |
| Physical Parameters (PPS) | | 1 rou | tine (RT) per month | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| Select from Inventory of Active Sampling Points | 4/1/19 - 4/30/19 | | | | | | | | |
| | 5/1/19 - 5/31/19 | | | | | | | | |
| | 6/1/19 - 6/30/19 | | | | | | | | |
| | 7/1/19 - 7/31/19 | | | | | | | | |
| | 8/1/19 - 8/31/19 | | | | | | | | |
| | 9/1/19 - 9/30/19 | | | | | | | | |
| | 10/1/19 - 10/31/19 | | | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per year | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | 4/1-9/30 | Complete | | | | | | |
| | 1/1/19 - 12/31/19 | | | | | | | | |
| | 1/1/20 - 12/31/20 | | | | | | | | |
| Water System Facility: WELL (WSF ID: 20912) | | | | | | | | | |
| E. Coli (3014) | | 1 rout | ine (RT) per quarter | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | | |
| WELL (2) | 10/1/18 - 12/31/18 | | | | | | | | |
| | 1/1/19 - 3/31/19 | | | | | | | | |
| | 4/1/19 - 6/30/19 | | | | | | | | |
| | 7/1/19 - 9/30/19 | | | | | | | | |
| Other Compliance Schedules | | | | | | | | | |
| Compliance Schedule Activity | Due Date | Achieved D | ate | | | | | | |
| | | | | | | | | | |

5/1/2018 SEASONAL START UP COMPLETION SEASONAL START UP CERTIFICATION 5/1/2018

4/1/2019 SEASONAL START UP COMPLETION

| Water | • | | | Total | Lead and | | |
|-----------------|-------------------------|----------------|----------------|-------------|-----------|----------|------------|
| Systen | 1 Water System Facility | Sampling Point | Sampling Point | Coliform | Copper | | Stage |
| Facility | ID | ID | Description | Status Rule | Rule Tier | Asbestos | WQP 2 DBPR |

Water System Facility and Sampling Point Inventory

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| (| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | |
|-------------------|--|--------------|-----------------|---------------|------------|----------|----------|-------------|------------|----------------|--|--|
| | Wat | er Qual | ity Monit | oring a | nd Con | nplia | nce S | chedul | e | | | |
| PWS ID | PWS Name | | | | | Classifi | cation P | opulation | Owner Type | Primary Source | | |
| CT0530044 | GIDDINGS RECRE | ATION CON | CESSION STAND |) | | N | С | 25 | L | GW | | |
| Local Address (wh | nere applicable) | | | Service | Resider | ntial Co | mmercial | Industria | al Combine | d Agricultural | | |
| ROUTE 207 | | | | Connectio | ons | | 1 | | | | | |
| Towns Served: FR | ANKLIN | | | | | Siu | | | | | | |
| 00600 DISTRI | BUTION SYSTEM | | 4 | DISTRIBUT | ION SYSTEN | | | , | | | | |
| | | | DOWNSTREAM | WITHIN 5 | SERVICE CO | N A | A | | | | | |
| | | | UPSTREAM | WITHIN 5 | SERVICE CO | N A | A | | | | | |
| 00700 ENTRY | POINT | | 3 | ENTRY PO | INT | P | 4 | | | | | |
| 20912 WELL | | | 2 | WELL | | P | 4 | | | | | |
| | | | Con | tact Info | ormation | า | | | | | | |
| Name | | | O | Organization | | | | Job Title | | | | |
| Franklin | | | | | | | | | | | | |
| Mailing Address L | ine One | | Mailing Address | ress Line Two | | | City | | State | Zip Code | | |
| | | | | | T | | | | | | | |
| Business Phone | Extension | Fax | Mobi | le Phone | Emergency | y Phone | Email Ad | ddress | | | | |
| Contact Role(s): | Owner | | | | | | | | | | | |
| Name | | | 0 | rganization | | | | | Job Title | <u>.</u> | | |
| Mr. Charles W. G | rant III | | To | own of Fran | nklin | | | First Selec | tman | | | |
| Mailing Address L | ine One | | Mailing Address | ess Line Two | | | | City | State | Zip Code | | |
| Franklin Town Ha | II | | 7 Meetinghous | e Hill Road | | | North Fr | anklin | СТ | 06254 | | |
| Business Phone | Extension | Fax | Mobi | le Phone | Emergency | y Phone | Email Ad | ddress | | | | |
| 860-642-6055 | 16 | | 860-8 | 386-3114 | | | franklin | @99main.c | om | | | |
| Contact Role(s): | Administrative (| Contact, Leg | al Contact | | | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Dep | artment of | f Puhlic H | [ealth | Dri | nkino | Water | Section | |
|-------------|---|------------------|----------------|-----------|---------|-----------------------|--------------------|------------------|----------------------------------|
| | • | ality Monit | | | | _ | | | L |
| PWS ID | PWS Name | anty Monn | .or mg am | u Con | | | | | Primary Source |
| CT0530064 | | AGEMENT AREA | | | | NC | 25 | S S | GW |
| | ess (where applicable) | AGENIENT AREA | Service | Residen | | ommerci | | | 1 |
| ROUTE 32 | (Wilete applicable) | | Connections | 1 | tiai Cc | <u> </u> | ar maastri | ar combin | - Agricultur |
| | red: FRANKLIN | | | | | | | | |
| | | Monit | oring Requ | iireme | nts | | | | |
| Water Sys | tem Facility: DISTRIBUTION | | | | | | | | |
| | form (3100) | | | | | | 1 | routine (R | T) per quarte |
| | ling Point (Sampling Point ID) | | | Monitori | ng Peri | iod C | ollection Pe | ' - ' | pliance Status |
| Select | from Inventory of Active Sampli | ng Points | | 1/1/19 - | 3/31/1 | 19 | | | Complete |
| | | | | 4/1/19 - | 6/30/1 | 19 | | | |
| | | | | 7/1/19 - | 9/30/1 | 19 | | | |
| | Parameters (PPS) | | | | | | | • | T) per quarte |
| | ling Point (Sampling Point ID) | | | Monitori | | | ollection Pe | riod Com | pliance Status |
| Select | from Inventory of Active Sampli | ng Points | | 10/1/18 - | | | | | Complete |
| | | | | 1/1/19 - | | | | | Complete |
| | | | | 4/1/19 - | | | | | |
| Mator Cus | tem Facility: ENTRY POINT | (M/SE ID: 00700) | | 7/1/19 - | 9/30/1 | 19 | | | |
| | • | (100700) | | | | | | 1 routing | /PT) por voc |
| | nd Nitrite (NOX) ling Point (Sampling Point ID) | | | Monitori | na Dori | ind C | ollection Pe | | (RT) per year ppliance Status |
| WELL | | | _ | 1/1/18 - | | | onection re | Tiou Con | Complete |
| WELL | (-) | | | 1/1/19 - | | | | | Complete |
| | | | | 1/1/20 - | | | | | |
| | | Public Not | tification R | | | | | | |
| | | | Compliance | Notice | | | <u>otification</u> | PN C | <u>Certification</u> |
| Violation/S | Situation | | Period | Tier | Re | equired | Performe | d Due to D | PH Received |
| Physical Pa | rameters M&R Violation | 7/1 | /14 - 9/30/14 | | 11/ | <mark>25/201</mark> 5 | i | 12/5/20 | 15 |
| | Water | System Facil | ity and Sar | npling | Poin | t Inve | ntory | | |
| Water | | | | | | To | otal Lead | and | |
| - / | Water System Facility | Sampling Point | | nt | | | form Cop | | Stage |
| Facility ID | | ID | Description | | | acus | | Tier Asbest | os WQP 2 DBF |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | | A | Υ | | |
| | | DOWNSTREAM | | | | A | | | |
| 00700 | ENTRY DOINT | UPSTREAM | WITHIN 5 SER | | | Α | | | |
| | ENTRY POINT | 3 | ENTRY POINT | | | A | | | |
| 22777 | WELL | 2 | WELL | | | A | | | |
| | | Cor | tact Inform | nation | | | | | |
| Name | | | rganization | | | | | Job Tit | le |
| Mr. David | | | eep-Engineerin | g Unit | | | Supv Civil | | T |
| Mailing Add | dress Line One | Mailing Addres | ss Line Two | | | | City | State | Zip Code |

Mobile Phone

860-205-7552

Portland

david.cooley@ct.gov

Emergency Phone Email Address

860-424-3333

 CT

06480

163 Great Hill Road

Business Phone

860-342-2215

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-344-2560

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID PWS Name Classification Population Owner Type Primary Source ROUTE 32 Connections 1 Classification Population Owner Type Primary Source Owner Type Primary Source Pr | | Traiter & diditity 1 1011110 | | | | | | | | | |
|--|------------------|-----------------------------------|-------------|---|---------------|-------------|------------|-----------------|--|--|--|
| Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura | PWS ID PWS Name | | | | | Population | Owner Type | Primary Source | | | |
| | CT0530064 | FRANKLIN WILDLIFE MANAGEMENT AREA | | | NC | 25 | S | GW | | | |
| ROUTE 32 Connections 1 | Local Address (w | Local Address (where applicable) | | | ntial Commerc | al Industri | al Combine | ed Agricultural | | | |
| | ROUTE 32 | | Connections | 1 | | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Conno | ecticut Danartmant of | Dublic F | Jaalth | D | rinkir | nα I | Matar | - Sc | oction | 1 | |
|----------------------|---------------|--|-------------|----------------------------|-------|----------|-------|-----------|----------|----------|--------|-------------|
| | Conne | ecticut Department of Water Quality Monit | | | | | _ | | | ction | L | |
| PWS ID | PWS Nam | | 0 | | - | | | | _ | ner Type | Prin | nary Sourc |
| CT0530074 | 7-ELEVEN | #32517 | | | | NC | | 25 | | Р | | GW |
| Local Address | where appli | icable) | Service | Resider | ntial | Comme | rcial | Industr | ial | Combin | ed A | Agricultura |
| 15 ROUTE 32 | | | Connections | ns 1 | | | | | | | | |
| Towns Served: | FRANKLIN | | | | | | | | | | | |
| | | Monito | oring Requ | uireme | ents | ; | | | | | | |
| Water Systen | n Facility: | DISTRIBUTION SYSTEM (WSF II | D: 00600) | | | | | | | | | |
| Total Colifor | m (3100) | | | | | | | | 1 roı | utine (R | T) pe | r quarter |
| Sampling | Point (Sam | oling Point ID) | | Monitor | ing F | Period | Coll | ection Pe | eriod | Com | plian | ce Status |
| Select fro | m Inventory | of Active Sampling Points | | 10/1/18 | - 12/ | /31/18 | | | | | Com | plete |
| | | | | 1/1/19 | - 3/3 | 1/19 | | | | | Com | plete |
| | | | | 4/1/19 | - 6/3 | 0/19 | | | | | | |
| | | | | 7/1/19 | - 9/3 | 0/19 | | | | | | |
| Physical Para | ameters (P | PPS) | | | | | | | 1 rou | utine (R | T) pe | r quarter |
| Sampling | Point (Sam | oling Point ID) | | Monitor | ing F | Period | Coll | ection Pe | eriod | Com | plian | ce Status |
| Select fro | m Inventory | of Active Sampling Points | | 10/1/18 | - 12/ | /31/18 | | | | | Com | plete |
| | | | | 1/1/19 | - 3/3 | 1/19 | | | | | Com | plete |
| | | | | 4/1/19 | - 6/3 | 0/19 | | | | | | |
| | | | | 7/1/19 | - 9/3 | 0/19 | | | | | | |
| Water Systen | n Facility: | ENTRY POINT (WSF ID: 00700) | | | | | | | | | | |
| Nitrate And | Nitrite (NO | OX) | | | | | | | 1 | routine | (RT) | per year |
| Sampling | Point (Sam | oling Point ID) | | Monitoring Period Collecti | | | | ection Pe | eriod | Com | plian | ce Status |
| ENTRY PC | OINT (3) | | | 1/1/18 - 12/31/18 | | | | | Complete | | | |
| | | | | 1/1/19 - | 12/3 | 31/19 | | | | | Com | plete |
| | | | | 1/1/20 - | 12/3 | 31/20 | | | | | | |
| | Mor | nthly Water System Facili | ity (WSF) | Level N | Moi | nitorin | g R | equire | me | nts | | |
| Water Systen | n Facility: I | ENTRY POINT (WSFID: 00700) | | | | | | | | | | |
| Analyte | | Monitoring Requirement (Summa | ary Type) | Оре | erati | ng Limit | | | | Samples | s Req | /Month |
| рН | | Entry Point pH Monitoring (PHRD |) | Min | nimu | m: 7 PH | | | | | 4 | |
| Start Date: | 4/1/2013 | | Compli | ance Hist | ory: | | Oper | ating Lin | nit | Moni | itorin | g |
| | | | Monito | ring Perio | od | | | oliance S | | : Com | oliano | e Status: |
| | | | 11/1/20 | 11/3 - 11/3 | 30/20 | 018 | | | | | | N |
| | | | 12/1/20 |)18 - 12/3 | 31/20 | 018 | | | | | | N |
| | | | | l9 - 1/31/ | | | | | | | | N |
| | | | 2/1/201 | L9 - 2/28/ | 2019 | 9 | | | | | | N |

| 3/1/2019 - 3/31/2019 | | | | | | | | | | |
|----------------------|-----------------------|----------|------------|------------|------------------|----------|--|--|--|--|
| 4/1/2019 - 4/30/2019 | | | | | | | | | | |
| | Public Notification F | Requirer | ments | | | | | | | |
| | Compliance | Notice | Public No | tification | PN Certification | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | | | |
| nH M&R Violation | 9/1/15 - 9/30/15 | 3 | 12/17/2016 | | 12/27/2016 | | | | | |

| pri wan violation | 3/ 1/ | 15-5/50/15 | 12/1// | 2010 | | 12/2//2010 | | | | |
|--|----------------|---------------------|--------|----------|-----------|------------|-----------|--|--|--|
| Water System Facility and Sampling Point Inventory | | | | | | | | | | |
| Water | | | | Total | Lead and | 1 | | | | |
| System Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | Stage | | | |
| Facility ID | ID | Description | Status | Rule | Rule Tier | Asbestos W | QP 2 DBPR | | | |
| 00600 DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | | | |

| T0E20074 | 7 ELEVEN #22517 | NC | 2.5 | D | CM | | | | |
|--|----------------------------------|----------------|------------|------------|-----------|--|--|--|--|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary S | | | | |
| | Water Quality Monitoring and Con | npliance S | Schedul | e | | | | | |
| Connecticut Department of Public Health Drinking water Section | | | | | | | | | |

| PW3 ID | PW3 Name | | | Classification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|----------------|-------------|-------------|-----------------|
| CT0530074 | 7-ELEVEN #32517 | | | NC | 25 | Р | GW |
| Local Address (v | vhere applicable) | Service | Residen | tial Commerc | ial Industr | ial Combine | ed Agricultural |
| 15 ROUTE 32 | | Connections | | 1 | | | |

ar a CD Table Hamilton Control

Franklin

Towns Served: FRANKLIN

| | Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|--|--|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | WQP | Stage 2 DBPR | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | | | | | |
| 23008 | WELL #1 | 2 | WELL #1 | Α | | | | | | | | | |
| 58244 | TREATMENT PLANT | | | | | | | | | | | | |

| | | | Co | ntact Inf | ormation | | | | |
|---------------------------------------|-------------|-----|--------------|---------------|-----------------|-----------|---------------|-----------|----------|
| Name | | | | Organization | 1 | Job Title | | | |
| Mr. Richard Mihalk | ovitz | | | 7-Eleven Inc. | • | | Ne Facilities | Mgr | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| 2711 Easton Road | | | | | | Willow (| Grove | PA | 19090 |
| Business Phone | Extension | Fax | Mo | bile Phone | Emergency Phone | Email Ad | Address | | |
| 732-809-5015 | | | | | | rich.mih | alkovitz@7-1 | l1.com | |
| Contact Role(s): Le | gal Contact | | | | | | | | |
| Name | | | | Organization | 1 | | | Job Title | |
| Mr. Chris Bement | | | | 7- Eleven # 3 | 32517 | | Head of Ma | intenance | |
| Mailing Address Line One Mailing Addr | | | ess Line Two | | | City | State | Zip Code | |

Business Phone Extension **Mobile Phone** Emergency Phone Email Address Fax chrisbement@fmfacilitymaintenance.com

Contact Role(s): Administrative Contact

Please note the following:

15 Route 32

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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CT

| | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
|-----------------|---|-------------|---------|----------------|----|-------------|------------|----------------|-------------|--|--|--|
| PWS ID | D PWS Name | | | | | Population | Owner Type | Primary Source | | | | |
| CT0530114 | GIDDINGS REC. PARK PAVILION | | | | NC | 25 | L | | GW | | | |
| Local Address (| where applicable) | Service | Residen | itial Commerci | | al Industri | al Combine | ed A | gricultural | | | |
| 190 POND ROA | D (ROUTE 207) | Connections | | | 1 | | | | | | | |

| 190 POND ROAD (ROUTE 207) | Connections | | 1 | | | |
|---|----------------------|-----------------------------|-----------|-------------------------------|-----------------------------|----------------------------|
| Towns Served: FRANKLIN | | | | | | |
| M | onitoring Requ | irement | ts | | | |
| Water System Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600) | | | | | |
| Total Coliform (3100) | | | | 1 | routine (RT) | per month |
| Sampling Point (Sampling Point ID) | 1 | Monitoring | Period | od Complia | ince Status | |
| Select from Inventory of Active Sampling Points | | 4/1/19 - 4/ | /30/19 | | | |
| | | 5/1/19 - 5/ | /31/19 | | | |
| | | 6/1/19 - 6/ | /30/19 | | | |
| | | 7/1/19 - 7/ | | | | |
| | | 8/1/19 - 8/ | | | | |
| | | 9/1/19 - 9/ | | | | |
| | 1 | .0/1/19 - 10 | 0/31/19 | | | |
| Physical Parameters (PPS) | | | | | routine (RT) | |
| Sampling Point (Sampling Point ID) | - | Monitoring | | Collection Perio | od Complia | ince Status |
| Select from Inventory of Active Sampling Points | | 4/1/19 - 4/ | | | | |
| | | 5/1/19 - 5/ | | | | |
| | | 6/1/19 - 6/ | | | | |
| | | 7/1/19 - 7/ | | | | |
| | | 8/1/19 - 8/ | - | | | |
| | | 9/1/19 - 9/ 10/1/19 - 10 | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 0 | | .0/1/19 - 10 | 0/31/19 | | | |
| | 0700) | | | | 1 routing (P) | El nor voor |
| Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) | | Monitoring | Period | Collection Perio | 1 routine (R) | n, per year Ince Status |
| ENTRY POINT (3) | | 1/1/18 - 12 | | conection reme | | nplete |
| ENTITY (3) | | 1/1/19 - 12 1/1/19 - 12 | | | | inpiece |
| | | 1/1/20 - 12 | | | | |
| Oth | er Compliance | | | | | |
| Compliance Schedule Activity | er compliance | | e Date | Achieve | od Date | |
| SEASONAL START UP COMPLETION | | | 1/2019 | Acmeve | u Date | |
| | Notification D | | | | | |
| Public | Notification R | <u> </u> | | | | |
| Violation/Situation | Compliance Period | Notice Tier | | <u>Votification</u> | PN Certi | |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 4/2/18 - 4/12/18 | 2 | 9/26/2018 | | Due to DPH 10/6/2018 | Received |
| | | | | | 10/0/2018 | |
| Water System I | -acility and San | npling P | | • | | j |
| Water System Water System Facility Sampling | Point Sampling Poir | nt. | | Total Lead ar Hiform Coppe | | Ctaca |
| Facility ID ID | Description | | | | ier Asbestos I | Stage WQP 2 DBP |
| • | • | | Julus | | | |

System Water System Facility

Facility ID

Description

Status

Rule Rule Tier Asbestos WQP 2 DBPR

A Y

DOWNSTREAM WITHIN 5 SERVICE CON A

UPSTREAM WITHIN 5 SERVICE CON A

O0700 ENTRY POINT

3 ENTRY POINT

A Coliform Copper Stage
Rule Rule Tier Asbestos WQP 2 DBPR

A Y

DOWNSTREAM WITHIN 5 SERVICE CON A

UPSTREAM WITHIN 5 SERVICE CON A

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | dominotical populations of Labora Francisco Videor Section | | | | | | | | | | | |
|---------------------------------------|--|--|-----|-------------|------------|-------------|-----------|-------------|--------------|--|--|--|
| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | |
| PWS ID | PWS Name | | Cla | ssification | Population | Owner Type | Prir | mary Source | | | | |
| CT0530114 GIDDINGS REC. PARK PAVILION | | | | | NC | 25 | L | | GW | | | |
| Local Address | Local Address (where applicable) Service Resid | | | | | al Industri | al Combin | ed | Agricultural | | | |
| 190 POND ROA | AD (ROUTE 207) | | | 1 | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

| | , | Water Sy | stem Faci | lity and S | Sampling Poin | t Inve | nto | ry | | |
|---|-----------------|----------------------------------|--|-------------------------------|-----------------|----------------|--------------------|------------|-----------|-------------------|
| Water System Water S Facility ID 47861 WELL #1 | ystem Facility | | Sampling Point ID 2 | t Sampling Descriptio WELL #1 | | Colij tus R | tal form ule | | Asbestos | Stag WQP 2 DBI |
| 17001 1722111 | | | | | ormation | | | | | |
| Name | | | | Organization | | | | | Job Title | |
| Franklin | | | | | | | | | | |
| Mailing Address Lir | ne One | | Mailing Addre | ss Line Two | | | Ci | ity | State | Zip Code |
| | | | | | | | | | | |
| Business Phone | Extension | Fax | Mob | oile Phone | Emergency Phone | Email A | ddre | SS | | |
| Contact Role(s): O | wner | | | | | | | | | |
| Name | | | C | Organization | | | | | Job Title | |
| Mr. Charles W. Gra | nt III | | Т | own of Fran | nklin | | Firs | t Selectma | n | |
| Mailing Address Lin | ne One | | Mailing Addre | ss Line Two | | | Ci | ity | State | Zip Code |
| Franklin Town Hall | | | 7 Meetinghou | se Hill Road | | North F | rank | lin | СТ | 06254 |
| Business Phone | Extension | Fax | Mobile Phone Emergency Phone Email Address | | | | | | | |
| 860-642-6055 | 16 | 860-886-3114 franklin@99main.com | | | | | | | | |
| Contact Polo(s): A | dministrativo (| Contact Log | al Contact | | · | | | | | |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: FRANKLIN

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Co | | ut Departme | | | | | _ | | ction | |
|------------------|------------|----------------|---------------------|---------|-------------|-------------|-----------|-----------|---------------|------------|----------------|
| | | Wa | ter Quality M | Ionit | oring a | ind Com | oliai | nce Sc | hedule | | |
| PWS ID | PV | /S Name | | | | C | Classific | cation Po | pulation Ow | ner Type | Primary Source |
| CT053023 | 4 FR | ANKLIN MUN | ICIPAL COMPLEX | | | | NO | 2 | 40 | L | GW |
| Local Addr | ess (whe | re applicable) | | | Service | Residentia | al Cor | mmercial | Industrial | Combine | d Agricultural |
| 5 TYLER DE | RIVE | | | | Connectio | ons | | 4 | | | |
| Towns Ser | ved: FRAI | NKLIN | | | | | | 1 | 1 | | ' |
| | | | N | /lonit | oring Re | quiremen | ts | | | | |
| Water Sys | stem Fac | ility: DISTR | IBUTION SYSTEM | (WSF I | D: 00600) | | | | | | |
| Total Col | liform (3 | 3100) | | | | | | | 1 rou | ıtine (RT) | per quarter |
| Samp | oling Poin | t (Sampling P | oint ID) | | | Monitoring | g Perio | d Colle | ection Period | Comp | liance Status |
| Selec | t from Inv | entory of Act | ive Sampling Points | | | 10/1/18 - 1 | 2/31/1 | 18 | | C | omplete |
| | | | | | | 1/1/19 - 3 | /31/19 | € | | C | omplete |
| | | | | | | 4/1/19 - 6 | /30/19 | € | | | |
| | | | | | | 7/1/19 - 9 | /30/19 | 9 | | | |
| Physical | Paramet | ers (PPS) | | | | | | | 1 rou | itine (RT) | per quarter |
| Samp | oling Poin | t (Sampling P | oint ID) | | | Monitoring | g Perio | d Colle | ection Period | Comp | liance Status |
| Selec | t from Inv | entory of Act | ive Sampling Points | | | 10/1/18 - 1 | 2/31/1 | 18 | | С | omplete |
| | | | | | | 1/1/19 - 3 | /31/19 | 9 | | С | omplete |
| | | | | | | 4/1/19 - 6 | /30/19 | 9 | | | |
| | | | | | | 7/1/19 - 9 | /30/19 | 9 | | | |
| Water Sys | stem Fac | cility: ENTR | Y POINT (WSF ID: | 00700) | | | | | | | |
| Nitrate A | nd Nitri | te (NOX) | | | | | | | 1 | routine (| RT) per year |
| Samp | oling Poin | t (Sampling P | oint ID) | | | Monitoring | g Perio | d Colle | ection Period | Comp | liance Status |
| ENTR | Y POINT (| 3) | | | | 1/1/18 - 12 | 2/31/1 | 8 | | C | omplete |
| | | | | | | 1/1/19 - 12 | 2/31/1 | 9 | | | |
| | | | | | | 1/1/20 - 12 | 2/31/2 | 0 | | | |
| | | | Water System | Facili | ity and S | Sampling P | oint | Invent | ory | | |
| Water | | | | | | | | Tota | | | |
| | | stem Facility | | | Sampling | | | D. J. | m Copper | Anhanta | Stage |
| Facility ID | | ITION (W)(TEN | | | Descriptio | | Stat | | Ruie Her | Aspestos | WQP 2 DBPR |
| 00600 | DISTRIBU | JTION SYSTEM | | | DISTRIBUT | | A | | | | |
| | | | | | | SERVICE CON | A | | | | |
| | | | UPSTF | | | SERVICE CON | Α | | | | |
| 00700 | ENTRY P | OINT | | } | ENTRY PO | INT | Α | | | | |
| 52285 | WELL 1 | | 2 | 2 | WELL 1 | | Α | | | | |
| 52289 | ATMOSP | HERIC TANK | | | | | | | | | |
| | | | | Con | tact Info | ormation | | | | | |
| Name | | | | Oı | rganization | | | | | Job Title | |
| Franklin | | | | | | | | | | | |
| Mailing Ad | ldress Lin | e One | Mailing | Address | s Line Two | | | | City | State | Zip Code |
| Business | Phone | Extension | Fax | Mobi | le Phone | Emergency P | hone | Email Add | lress | | |

Contact Role(s): Owner

| (| Connectic | ut Depa | irtment of | f Public | Health | ı Drir | ıking | Water | Section | |
|-------------------|------------------|--------------|----------------|--------------|----------|----------|----------|-------------|------------|-----------------|
| | Wa | ter Qua | lity Monit | toring a | nd Con | nplia | nce S | chedul | le | |
| PWS ID F | PWS Name | | | | | Classif | ication | Population | Owner Type | Primary Source |
| CT0530234 | RANKLIN MUN | ICIPAL COM | PLEX | | | N | IC | 40 | L | GW |
| Local Address (wh | nere applicable) | | | Service | Resider | ntial Co | mmercia | al Industri | al Combin | ed Agricultural |
| 5 TYLER DRIVE | | | | Connection | ns | | 4 | | | |
| Towns Served: FR | ANKLIN | | | | , | , | | , | | |
| Name | | | О | rganization | | | | | Job Titl | e |
| Mr. Charles W. G | rant III | | Т | own of Franl | klin | | | First Selec | ctman | |
| Mailing Address L | ine One | | Mailing Addres | ss Line Two | | | | City | State | Zip Code |
| Franklin Town Ha | II | | 7 Meetinghous | se Hill Road | | | North F | ranklin | СТ | 06254 |
| Business Phone | Extension | Fax | Mob | ile Phone | Emergenc | y Phone | Email A | ddress | , | |
| 860-642-6055 | 16 | | 860- | 886-3114 | | | franklir | @99main.d | com | |
| Contact Role(s): | Administrative | Contact. Les | gal Contact | 1 | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | | Connections De | nartment | of Dublic I | Joalth | Dri | nleine | IAI | tor C | oction | |
|-----------------|--|---------------------------|----------------------------|-----------------|----------------------|--------|-------------|----------|----------|--------------|----------------|
| | | Connecticut De | epartment o uality Moni | | | | Ŭ | | | ection | |
| PWS ID | | PWS Name | uanty Mon | toring an | u Com | | | | | vner Tyne | Primary Source |
| CT053026 | 54 | 107 ROUTE 32 | | | | | NC | 2! | | P P | GW |
| | | vhere applicable) | | Service | Resident | | ommercia | | dustrial | Combine | |
| 107 ROUT | | поста приношене | | Connections | | | 01111101010 | | | 7 | |
| Towns Sei | | RANKLIN | | | | | | | | | |
| | | | Moni | toring Requ | uireme | nts | | | | | |
| Water Sy | /stem | Facility: DISTRIBUTIO | N SYSTEM (WSF | ID: 00600) | | | | | | | |
| Total Co | liforn | n (3100) | | | | | | | 1 rc | utine (RT |) per quarter |
| Sam | pling F | Point (Sampling Point ID) | | | Monitorii | ng Per | riod Co | ollectio | on Perio | d Comp | oliance Status |
| Selec | ct from | Inventory of Active Samp | oling Points | | 10/1/18 - | 12/31 | /18 | | | (| Complete |
| | | | | | 1/1/19 - | | | | | | |
| | | | | | 4/1/19 - | | | | | | |
| _ | | | | | 7/1/19 - | 9/30/ | 19 | | | | |
| - | | meters (PPS) | | | | | | | | - |) per quarter |
| | | Point (Sampling Point ID) | l. p | | Monitorii | | | ollectio | on Perio | | liance Status |
| Selec | ct from | Inventory of Active Samp | oling Points | | 10/1/18 - | | | | | | Complete |
| | | | | | 1/1/19 - 4/1/19 - | | | | | | |
| | | | | | 7/1/19 - | | | | | | |
| Water Sv | /stem | Facility: ENTRY POINT | Γ (WSF ID: 00700 | 11 | 7/1/13 | 3/30/ | 13 | | | | |
| | | itrite (NOX) | (110. 12. 007.00 | • | | | | | | l routine (| (RT) per year |
| | | Point (Sampling Point ID) | | | Monitorii | ng Per | riod Co | ollectio | on Perio | | liance Status |
| _ | RY POII | | | | 1/1/18 - : | | | | | | Complete |
| | | | | | 1/1/19 - : | | | | | | • |
| | | | | | 1/1/20 - : | 12/31, | /20 | | | | |
| | | | Other (| Compliance | Sched | ules | | | | | |
| Complian | ce Sch | edule Activity | | | L | Due Do | ate | | Achieve | d Date | |
| CROSS CO | NNEC. | TION EXEMPTION | | | 3 | 3/1/20 | 19 | | | | |
| | | Wate | r System Faci | lity and Sa | mpling | Poin | t Inve | ntor | у | | |
| Water | | | | | | | | | Lead an | | |
| System | | er System Facility | | t Sampling Po | int | | - | form | Copper | | Stage |
| Facility ID | | | ID | Description | | | utus | ule | Rule He | r Asbesto | s WQP 2 DBPR |
| 00500 | WELL | | 2 | WELL 1 | | | A | | | | |
| 00600 | DISTI | RIBUTION SYSTEM | 4 | DISTRIBUTIO | | | | Y | | | |
| | | | | // WITHIN 5 SEI | | | A | | | | |
| 00700 | CNITO | V DOINT | UPSTREAM | WITHIN 5 SEI | | | Α | | | | |
| 00700 | ENTR | Y POINT | 3 | ENTRY POINT | | | Α | | | | |
| | | | | ntact Infor | mation | | | | | | |
| Name | | La calle a a | | Organization | | | | | N 4 = 1 | Job Title | ! |
| Ms. Maria | | | Mailine Add | on Line Tree | | | | | Member | | 7in Ca-l- |
| | Mailing Address Line One Mailing Address | | | | - | | | Zip Code | | | |
| 4.O. ROX 2 | 2.O. Box 58 N | | | | | | South V | virian | alli | CI | 06266 |

Emergency Phone Email Address

Mobile Phone

860-576-1511

Business Phone

860-456-2755

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | water Quanty Monitoring and Comphanice Schedule | | | | | | | | | | | |
|-------------------|---|-------------|--|------|-------------|-------------|------------|-----------------|--|--|--|--|
| PWS ID PWS Name C | | | | | ssification | Population | Owner Type | Primary Source | | | | |
| CT0530264 | 107 ROUTE 32 | | | NC | 25 | Р | GW | | | | | |
| Local Address (v | Local Address (where applicable) | | | tial | Commerci | al Industri | al Combine | ed Agricultural | | | | |
| 107 ROUTE 32 | | Connections | | | | | 7 | | | | | |

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | |
|---|--|-------------|---------|--------|----------|-------------|------------|-----------------|--|--|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | | | |
| PWS ID PWS Name Classification Population Owner Type Primary Source | | | | | | | | | | | | | |
| CT0530254 | 96 ROUTE 32 | | | NC | 40 | Р | GW | | | | | | |
| Local Address | (where applicable) | Service | Residen | tial C | Commerci | al Industri | al Combine | ed Agricultural | | | | | |
| 96 ROUTE 32 | | Connections | | | | | 1 | | | | | | |
| Towns Served | Towns Served: FRANKLIN | | | | | | | | | | | | |
| Monitoring Requirements | | | | | | | | | | | | | |

| Monitor | ing Requirements | | | | | | | |
|--|--------------------------|--------------------------|----------------------|--|--|--|--|--|
| Water System Facility: WELL 1 (WSF ID: 00500) | | | | | | | | |
| E. Coli (3014) | | 1 routine (RT) per | | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| WELL 1 (2) | 10/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 3/31/19 | | Complete | | | | | |
| | 4/1/19 - 6/30/19 | | | | | | | |
| | 7/1/19 - 9/30/19 | | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: | 00600) | | | | | | | |
| Total Coliform (3100) | | 1 rout | ine (RT) per quarter | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 3/31/19 | | Complete | | | | | |
| | 4/1/19 - 6/30/19 | | | | | | | |
| | 7/1/19 - 9/30/19 | | | | | | | |
| Physical Parameters (PPS) | | 1 rout | ine (RT) per quarte | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| Select from Inventory of Active Sampling Points | 10/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 3/31/19 | | Complete | | | | | |
| | 4/1/19 - 6/30/19 | | | | | | | |
| | 7/1/19 - 9/30/19 | | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 re | outine (RT) per yea | | | | | |
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | | | | | |
| ENTRY POINT (3) | 1/1/18 - 12/31/18 | | Complete | | | | | |
| | 1/1/19 - 12/31/19 | | | | | | | |
| | 1/1/20 - 12/31/20 | | | | | | | |
| Water System Facility | y and Sampling Point In | ventory | | | | | | |

| Water | | | | | Total | Lead and | | | |
|-------------|-----------------------|----------------|-------------------------|--------|----------|-----------|----------|-----|--------|
| System | Water System Facility | Sampling Point | Sampling Point | | Coliform | Copper | | | Stage |
| Facility IE |) | ID | Description | Status | Rule | Rule Tier | Asbestos | WQP | 2 DBPF |
| 00500 | WELL 1 | 2 | WELL 1 | Α | | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | Α | Υ | | | | |
| | | 4-1 | MENS RESTROOM SINK | Α | Υ | | | | |
| | | 4-2 | DD KITCHEN TRIPLE SI | Α | Υ | | | | |
| | | 4-3 | SUBWAY KITCHEN SINK | Α | Υ | | | | |
| | | 4-4 | WOMENS RESTROOM SINK | Α | Υ | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | | Clas | sification | Population | Owner Type | Primary Source |
|-----------------|-------------------|--|-------------|---------|-------|------------|-------------|------------|-----------------|
| CT0530254 | 96 ROUTE 32 | | | | | NC | 40 | Р | GW |
| Local Address (| where applicable) | | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 96 ROUTE 32 | | | Connections | | | | | 1 | |

| Water System Facility and Sampling Point Inventory | | | | | | | | | | | | |
|--|----------------|----------------|----------|-------|-----------|----------|------------|--|--|--|--|--|
| Water | | | To | otal | Lead and | | | | | | | |
| System Water System Facility | Sampling Point | Sampling Point | Coli | iform | Copper | | Stage | | | | | |
| Facility ID | ID | Description | Status R | lule | Rule Tier | Asbestos | WQP 2 DBPR | | | | | |
| COECO TREATMENT DI ANT | | | | | | | | | | | | |

| | Contact Information | | | | | | | | | | | | | |
|----------------------|---------------------|----|--------------|-----------------|----------|----------------------|---------------|-------|----------|--|--|--|--|--|
| Name | | | Organization | | | | Job Title | | | | | | | |
| Mr. Asif Choudhry | | | Bestway Conv | venience Store | | Mgr / Owner | | | | | | | | |
| Mailing Address Line | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code | | | | | |
| 419 Salem Turnpike | | | | | | Bozrah | | СТ | 06334 | | | | | |
| Business Phone | Extension | Mo | bile Phone | Emergency Phone | Email Ac | ldress | | | | | | | | |
| 860-889-2266 | | | 860 | 0-204-7099 | | asifman ⁵ | 500@gmail.com | 1 | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut Dep | partment of | Public H | lealth I | Orin | king W | ater So | ection | |
|-------------|--|----------------------|----------------|-------------|---------|---|--------------|------------|----------------|
| | Water Qu | ality Monit | oring an | d Comp | oliai | nce Sch | redule | | |
| PWS ID | PWS Name | | | | | | | vner Type | Primary Source |
| CT053027 | 74 DW TRANSPORT & LEASIN | IG, INC. | | | NO | 2 | 38 | Р | GW |
| Local Add | ress (where applicable) | | Service | Residentia | al Cor | mmercial | Industrial | Combine | d Agricultural |
| 140 ROUT | | | Connections | | | 1 | | | |
| Towns Se | rved: FRANKLIN | | | | | | | I | |
| | | Monit | oring Requ | iiremen | ts | | | | |
| Water Sy | stem Facility: DISTRIBUTION | SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Co | oliform (3100) | | | | | | 1 ro | utine (RT) | per quarter |
| | pling Point (Sampling Point ID) | | | Monitoring | , Perio | d Colle | ction Period | - | liance Status |
| Sele | ct from Inventory of Active Sampl | ing Points | | 10/1/18 - 1 | 2/31/1 | 18 | | C | Complete |
| | | - | | 1/1/19 - 3 | /31/19 | 9 | | C | Complete |
| | | | | 4/1/19 - 6 | /30/19 | 9 | | | |
| | | | | 7/1/19 - 9 | /30/19 | 9 | | | |
| Physical | Parameters (PPS) | | | | | | 1 ro | utine (RT) | per quarter |
| Sam | pling Point (Sampling Point ID) | | | Monitoring | , Perio | d Colle | ction Period | l Comp | liance Status |
| Sele | ct from Inventory of Active Sampl | ing Points | | 10/1/18 - 1 | 2/31/1 | 18 | | C | Complete |
| | | | | 1/1/19 - 3 | /31/19 | 9 | | C | Complete |
| | | | | 4/1/19 - 6 | /30/19 | 9 | | | |
| | | | | 7/1/19 - 9 | /30/19 | 9 | | | |
| Water Sy | stem Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | | |
| Nitrate A | And Nitrite (NOX) | | | | | | 1 | routine (| RT) per year |
| Sam | pling Point (Sampling Point ID) | | | Monitoring | Perio | d Colle | ction Period | l Comp | liance Status |
| ENTI | RY POINT (3) | | | 1/1/18 - 12 | 2/31/1 | 8 | | C | Complete |
| | | | | 1/1/19 - 12 | 2/31/1 | 9 | | C | Complete |
| | | | | 1/1/20 - 12 | 2/31/2 | 0 | | | |
| | Water | System Facili | ity and Sar | npling P | oint | Invent | ory | | |
| Water | | | | | | Total | Lead and | 1 | |
| System | Water System Facility | Sampling Point | , , | nt | | - | n Copper | | Stage |
| Facility II | | ID | Description | | Stat | tus Rule | Rule Tie | r Asbesto | s WQP 2 DBPR |
| 00501 | | 2 | WELL 1 | | Α | | | | |
| 00600 | DISTRIBUTION SYSTEM | 2 | DISTRIBUTION | | Α | | | | |
| | | 4 | DOWNSTAIRS | | Α | Y | | | |
| | | DOWNSTREAM | | | Α | | | | |
| | | UPSTREAM | WITHIN 5 SEF | | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | A | | | | |
| | | Con | tact Inform | mation | | | | | |
| Name | | 0 | rganization | | | | | Job Title | |
| Mr. Lenn | y Rochester | D | w Holding, LLC | • | | О | perations M | /lanager | |
| Mailing A | ddress Line One | Mailing Addres | s Line Two | | | | City | State | Zip Code |
| 140 Route | e 32 | | | | | North Fran | klin | СТ | 06254 |
| | The state of the s | | 1 | | | i de la companya de | | | |

Emergency Phone Email Address

lennyr@dwtransport.com

Mobile Phone

Business Phone

860-848-1692

Extension

Contact Role(s): Administrative Contact

Fax

860-848-2669

| (| Connecticu | t Depa | irtment o | of Public | Health | ı Drii | nking | , Water | Section | | |
|--------------------------------|-------------------|-----------|---------------|--------------------|----------|---------|-------------------------|------------|-----------------|----------------|--|
| | Wate | er Qua | lity Moni | toring ar | nd Con | nplia | nce S | Schedul | le | | |
| PWS ID | PWS Name | | | | | Classif | ication | Population | Owner Type | Primary Source | |
| CT0530274 | OW TRANSPORT 8 | & LEASING | , INC. | | N | IC | 38 | Р | GW | | |
| Local Address (wh | nere applicable) | | Service | Resider | ntial Co | mmerci | al Industri | al Combine | ed Agricultural | | |
| 140 ROUTE 32 | Connection | S | | 1 | | | | | | | |
| Towns Served: FR | ANKLIN | | | , | | ' | | 1 | 1 | | |
| Name | | | (| Organization Job T | | | | | Job Titl | e | |
| Mr. David Waddi | ngton | | | | | | | Owner | | | |
| Mailing Address L | ine One | | Mailing Addre | ess Line Two | | | City | | State | Zip Code | |
| 140 Route 32 | | | | | | | North I | Franklin | СТ | 06254 | |
| Business Phone Extension Fax M | | | | oile Phone | Emergenc | y Phone | Email A | Address | | | |
| 860-848-1692 | | | | | | | davidsr@dwtransport.com | | | | |
| Contact Role(s): | Legal Contact. Ov | vner | , | " | | | | | | | |

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut De | partmen | it of | Public H | lealth | D | rinkin | g V | Vater | Se | ection | |
|-----------------------|----------------------------|-------------------------|-------------------------------------|--------------|------------|------------|-----------------|-------|-------------|------|--------------|------------------|
| | Water Qu | • | | | | | | _ | | | | |
| PWS ID | PWS Name | adirey 1.10 | | | a dom | | | _ | | | ner Type Pr | imary Source |
| CT0530284 | THE PLANT GROUP - HEA | D HOUSE | | | | | NC | | 70 | | Р | GW |
| Local Address (| where applicable) | | | Service | Residen | tial | Commerc | cial | Industria | al | Combined | Agricultural |
| 117 POND ROA | | | | Connections | | | | | | | 1 | |
| Towns Served: | FRANKLIN | | | | | | | | | - | | |
| | | Me | onito | oring Requ | ireme | nts | 5 | | | | | |
| Water System | Facility: DISTRIBUTION | N SYSTEM (| WSF II | D: 00600) | | | | | | | | |
| Total Coliforn | m (3100) | | | | | | | | 1 | ro | utine (RT) p | er quarter |
| Sampling | Point (Sampling Point ID) | | | | Monitori | ng I | Period | Colle | ction Per | iod | Compli | ance Status |
| Select fron | m Inventory of Active Samp | ling Points | | | 10/1/18 - | 12, | /31/18 | | | | Coi | mplete |
| | | | | | 1/1/19 - | 3/3 | 31/19 | | | | Coi | mplete |
| | | | | | 4/1/19 - | 6/3 | 30/19 | | | | | |
| | | | | | 7/1/19 - | 9/3 | 30/19 | | | | | |
| _ | meters (PPS) | | | | | | | | | | utine (RT) p | - |
| | Point (Sampling Point ID) | | Monitoring Period Collection Period | | | | | | ance Status | | | |
| Select fror | m Inventory of Active Samp | | | 10/1/18 - | | | | | | | mplete | |
| | | | | | 1/1/19 - | | | | | | Coi | mplete |
| | | | | | 4/1/19 - | | | | | | | |
| | - 11: | | / | | 7/1/19 - | 9/3 | 30/19 | | | | | |
| , | Facility: ENTRY POINT | - HEAD HOU | JSE (\ | WSF ID: 0070 |)1) | | | | | | | |
| Nitrate And N | • • | | | | | | | - " | | | routine (R | |
| | Point (Sampling Point ID) | | | | Monitori | | | Colle | ection Per | IOA | - | ance Status |
| EP - HEAD | HOUSE (3) | | | | 1/1/18 - | | | | | | | mplete |
| | | | | | 1/1/19 - | | | | | | Coi | mplete |
| | | 0.1 | | •• | 1/1/20 - | · | • | | | | | |
| | | Oth | er Co | ompliance | Sched | lul | es | | | | | |
| Compliance Sch | hedule Activity | | | | | | Date | | Achiev | ved | Date | |
| RESPOND TO SA | ANITARY SURVEY | | | | 5 | /11 | ./2017 | | | | | |
| | | Public | Not | ification R | Require | m | ents | | | | | |
| | | | Co | ompliance | Notice | , | <u>Public I</u> | Votif | ication | | PN Cert | <u>ification</u> |
| Violation/Situa | Period | Tier Required Performed | | | | Due to DPH | Received | | | | | |
| | eters M&R Violation | | | 18 - 9/30/18 | 3 | | 11/20/201 | | | | 11/30/2019 | |
| Total Coliform I | M&R Violation | | 7/1/ | 18 - 9/30/18 | 3 | | 11/20/201 | .9 | | | 11/30/2019 | |
| | Water | System F | acili | ty and Sar | npling | Pc | oint Inve | ent | ory | | | |
| Water | | | | | | | | Total | | | 1 | |
| • | er System Facility | | Point | Sampling Poi | nt | | | lifor | | | Aabt- | Stage |
| Facility ID | DIDUTION CVCTCA | ID | | Description | U CVCTER : | 1 | Status | Rule | Rule | riei | r ASDESTOS | WQP 2 DBPR |
| 00600 DIST | RIBUTION SYSTEM | 4 | DE 4 5 6 | DISTRIBUTION | | | A | | | | | |
| | | DOWNST | KEAM | WITHIN 5 SER | RVICE CON | N | Α | | | | | |

WITHIN 5 SERVICE CON

EP - HEAD HOUSE

WELL 2

Α

Α

Α

UPSTREAM

3

2

00701 ENTRY POINT - HEAD HOUSE

58105 HEAD HOUSE TREATMENT PLANT

WELL 2

58101

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS ID | PWS Name | | | Class | sification | Population | Owner Type | Primary Source |
|------------------|------------------------------|-------------|---------|---------|------------|-------------|------------|-----------------|
| CT0530284 | THE PLANT GROUP - HEAD HOUSE | | | | NC | 70 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial (| Commercia | al Industri | al Combine | ed Agricultural |
| 117 POND ROAI |) | Connections | | | | | 1 | |

| | | | | Contact Inf | ormation | | | | | | |
|---------------------------------------|-----------|--------------|------|------------------|-----------------|-----------------------|-----------|-------|----------|--|--|
| Name | | | | Organization | l | | Job Title | | | | |
| Mr. Ira Feinberg | | | | The Plant Gr | oup Inc | President/F | Prop Owr | | | | |
| Mailing Address Line One Mailing Addr | | | | Address Line Two | | | City | State | Zip Code | | |
| 117 Pond Road | | | | | | Franklin | | СТ | 06254 | | |
| Business Phone | Extension | on Fax Mobil | | | Emergency Phone | Email Address | | | | | |
| 860-642-6030 | | 860-642- | 1469 | | 860-234-1320 | ira@theplantgroup.com | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | | _ | | | | | | | | _ | | |
|-----------------|-----------|------------------------|----------------------|---------------|------------|--------|-------------|---------|------------|------------|---------------|------|
| | (| | Department of | | | | | _ | | | | |
| | | Water | Quality Monit | oring and | d Com | ıplia | ance | Sch | edule | | | |
| PWS ID | | PWS Name | | | | Classi | ificatio | n Pop | ulation C | wner Type | Primary Sou | ırce |
| СТ053029 | 94 | 10 ROUTE 32 - FRANK | (LIN | | | | NC | | 25 | Р | GW | |
| Local Add | lress (wl | nere applicable) | | Service | Resident | tial C | Comme | rcial I | ndustrial | Combine | ed Agricultu | ural |
| 10 ROUTE | 32 | | | Connections | | | 1 | | | | | |
| Towns Sei | rved: FF | RANKLIN | | | | | | | | | | |
| | | | Monito | oring Requ | ireme | nts | | | | | | |
| Water Sy | /stem F | acility: DISTRIBUT | TION SYSTEM (WSF II | D: 00600) | | | | | | | | |
| Total Co | liform | (3100) | | | | | | | 1 r | outine (RT |) per quart | er |
| Sam | pling Po | oint (Sampling Point I | D) | | Monitorii | ng Pei | riod | Collec | tion Perio | od Com | oliance Statu | ıs |
| Selec | ct from | Inventory of Active Sa | ampling Points | | 10/1/18 - | 12/31 | 1/18 | | | | Complete | |
| | | | | | 1/1/19 - | 3/31/ | 1 9 | | | (| Complete | |
| | | | | | 4/1/19 - | 6/30/ | /19 | | | | | |
| | | | | | 7/1/19 - | 9/30/ | /19 | | | | | |
| Physical | Param | eters (PPS) | | | | | | | 1 r | outine (RT | ') per quart | er |
| Sam | pling Po | oint (Sampling Point I | D) | | Monitorii | ng Pei | riod | Collec | tion Perio | od Com | oliance Statu | ıs |
| Selec | ct from | Inventory of Active Sa | ampling Points | | 10/1/18 - | 12/31 | 1/18 | | | | Complete | |
| | | | | | 1/1/19 - | 3/31/ | /19 | | | | Complete | |
| | | | | | 4/1/19 - | 6/30/ | /19 | | | | | |
| | | | | | 7/1/19 - | 9/30/ | ′ 19 | | | | | |
| Water Sy | /stem F | acility: ENTRY PO | INT (WSF ID: 00700) | | | | | | | | | |
| Nitrate A | And Ni | trite (NOX) | | | | | | | | 1 routine | (RT) per ye | ar |
| Sam | pling Po | oint (Sampling Point I | D) | | Monitorii | ng Pei | riod | Collec | tion Perio | od Com | oliance Statu | ıs |
| ENTF | RY POIN | T (3) | | | 1/1/18 - : | 12/31 | /18 | | | - | Complete | |
| | | | | | 1/1/19 - : | 12/31 | /19 | | | - | Complete | |
| | | | | | 1/1/20 - : | 12/31 | /20 | | | | | |
| | | Wa | ter System Facili | ty and Sar | npling | Poir | nt Inv | ento | ry | | | |
| Water | | | | | | | | Total | Lead a | nd | | |
| System | | System Facility | Sampling Point | | nt | | C | oliform | | | Sta | _ |
| Facility ID |) | | ID | Description | | St | tatus | Rule | Rule Ti | er Asbesto | s WQP 2 D | BPR |
| 00501 | WELL | 1 | 2 | WELL 1 | | | Α | | | | | |
| 00600 | DISTR | BUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | | Α | | | | | |
| | | | DOWNSTREAM | WITHIN 5 SER | VICE CON | ٧ | Α | | | | | |
| | | | UPSTREAM | WITHIN 5 SER | VICE CON | N | Α | | | | | |
| 00700 | ENTRY | POINT | 3 | ENTRY POINT | | | Α | | | | | |
| 58891 | TREAT | MENT | | | | | | | | | | |
| | | | Con | tact Inforr | nation | | | | | | | |
| Name | | | Oı | ganization | | | | | | Job Title | 9 | |
| Ms. Paula | a J. Brov | vn | F.' | W. Brown, Co. | | | | Pr | esident | | | |

City

paulajbrown22@icloud.com

Norwich

Emergency Phone Email Address

860-608-8651

State

СТ

Zip Code

06360

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

45 Woodland Dr.

Business Phone

860-889-7856

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| PWS IDPWS NameClassificationPopulationOwner TypePrCT053029410 ROUTE 32 - FRANKLINNC25P | | PWS Name | | | Clas | ssification | Donulation | O T | Duine a m. Carrina |
|--|-----------------|------------------------|-------------|---------|-------|-------------|-------------|------------|--------------------|
| CT0530294 10 ROUTE 32 - FRANKLIN NC 25 P | | VS ID PWS Name | | | | | Population | Owner Type | Primary Source |
| | 0530294 | 10 ROUTE 32 - FRANKLIN | | | NC | | 25 | Р | GW |
| Local Address (where applicable) Service Residential Commercial Industrial Combined | cal Address (wh | here applicable) | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultura |
| 10 ROUTE 32 Connections 1 | ROUTE 32 | | Connections | | | 1 | | | |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Connecticut D | epartment of | Public H | lealth Di | rinki | ing W | Vater S | Section | |
|-------------|-----------------------------------|----------------------|--------------|---------------|---------------|---------|-------------|------------|----------------|
| | Water (| Quality Monit | oring and | d Compl | ianc | e Sch | nedule | | |
| PWS ID | PWS Name | | | Cla | ssificati | on Pop | oulation O | wner Type | Primary Source |
| СТ053030 | THAMES VALLEY ACAD | EMY OF GYMNASTICS | 5 | | NC | | 37 | Р | GW |
| Local Add | lress (where applicable) | | Service | Residential | Comm | ercial | Industrial | Combine | d Agricultural |
| 22 LEBAN | ION ROAD - ROUTE 87 | | Connections | | | | | 2 | |
| Towns Se | rved: FRANKLIN | | | | | | | | - |
| | | Monito | oring Requ | iirements | } | | | | |
| Water Sy | stem Facility: DISTRIBUTIO | ON SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Co | oliform (3100) | | | | | | 1 r | outine (RT |) per quarter |
| Sam | pling Point (Sampling Point ID) |) | | Monitoring P | Period | Colle | ction Perio | d Comp | liance Status |
| Seled | ct from Inventory of Active Sam | pling Points | : | 10/1/18 - 12/ | 31/18 | | | C | Complete |
| | | | | 1/1/19 - 3/3 | 1/19 | | | C | Complete |
| | | | | 4/1/19 - 6/3 | 0/19 | | | | |
| | | | | 7/1/19 - 9/3 | 0/19 | | | | |
| Physical | Parameters (PPS) | | | | | | 1 r | outine (RT |) per quarter |
| _ | pling Point (Sampling Point ID, |) | | Monitoring P | Period | Colle | ction Perio | - · | liance Status |
| Seled | ct from Inventory of Active Sam | pling Points | | 10/1/18 - 12/ | 31/18 | | | (| Complete |
| | | | | 1/1/19 - 3/3 | 1/19 | | | C | Complete |
| | | | | 4/1/19 - 6/3 | 0/19 | | | | |
| | | | | 7/1/19 - 9/3 | 0/19 | | | | |
| Water Sy | stem Facility: ENTRY POIN | IT (WSF ID: 00700) | | | | | | | |
| Nitrate | And Nitrite (NOX) | | | | | | | 1 routine | (RT) per year |
| | pling Point (Sampling Point ID) |) | | Monitoring P | Period | Colle | ction Perio | | oliance Status |
| ENT | RY POINT (3) | | | 1/1/18 - 12/3 | 31/18 | | | (| Complete |
| | . , | | | 1/1/19 - 12/3 | | | | | Complete |
| | | | | 1/1/20 - 12/3 | | | | | · |
| | Wate | er System Facili | | | | vent | ory | | |
| Water | | | | | | Total | Lead ar | nd | |
| System | Water System Facility | Sampling Point | | nt | | Colifor | n Coppe | | Stage |
| Facility IE | | ID | Description | | <u>Status</u> | Rule | Rule Ti | er Asbesto | s WQP 2 DBPR |
| 00501 | WELL 1 | 2 | WELL 1 | | Α | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | Α | | | | |
| | | DOWNSTREAM | WITHIN 5 SER | VICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | Α | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | Α | | | | |
| | | Con | tact Inforr | mation | | | | | |
| Name | | Oı | rganization | | | | | Job Title | ! |
| Mr. Josep | oh Cirrito | | | | | 0 | wner | | |
| | ddress Line One | Mailing Address | s Line Two | | | | City | State | Zip Code |
| 35 Stanto | | _ | | | Gil | man | | СТ | 06336 |
| | | | | | | | | | |

Emergency Phone Email Address

cirritomechanical@gmail.com

Mobile Phone

Business Phone

860-625-2942

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

860-204-0373

| Connecticut Department of Public Health Drinking Water Section |
|--|
| Water Quality Monitoring and Compliance Schedule |

| | The state of the s | | | | | | | | | |
|------------------|--|-------------|--|--------------|--------------|------------|-----------------|--|--|--|
| PWS ID | | | | | | Owner Type | Primary Source | | | |
| CT0530304 | THAMES VALLEY ACADEMY OF GYMNASTICS | | | NC | 37 | Р | GW | | | |
| Local Address (v | Local Address (where applicable) | | | ntial Commer | cial Industr | al Combin | ed Agricultural | | | |
| 22 LEBANON RO | DAD - ROUTE 87 | Connections | | | | 2 | | | | |
| T | ED ANUZUAL | | | | | | | | | |

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | Commontiant | and a return a rate of | : Dlal: a I | I o a l e la | Dairela | i ~ \ \ | Vator C | o oti o o | | | | |
|-------------------|---------------------------------|-------------------------------|--------------|-------------------------|---------------|----------|-------------|-------------|--------------|--|--|--|
| | Connecticut D Water (| epartment of Quality Monit | | | | U | | ection | | | | |
| PWS ID | PWS Name | C s s s | - 0 - | | 1 | | | wner Type P | rimary Sourc | | | |
| CT0530314 | FRANKLIN MOBIL | | | | NC | | 25 | Р | GW | | | |
| Local Addre | ess (where applicable) | | Service | Resident | tial Comm | nercial | Industrial | Combined | Agricultura | | | |
| 62 ROUTE 3 | 32 | | Connections | | | | | 1 | | | | |
| Towns Serv | ed: FRANKLIN | | | | | | | | | | | |
| | | Monito | oring Requ | uireme | nts | | | | | | | |
| Water Sys | tem Facility: DISTRIBUTI | ON SYSTEM (WSF I | D: 00600) | | | | | | | | | |
| Total Coli | form (3100) | | | | | | 1 r | outine (RT) | per quarter | | | |
| Sampl | ing Point (Sampling Point ID |) | | Monitorii | ng Period | Colle | ction Perio | d Compl | iance Status | | | |
| Select | from Inventory of Active Sar | mpling Points | | 10/1/18 - | 12/31/18 | Co | Complete | | | | | |
| | | | | 1/1/19 - | 3/31/19 | | | Co | omplete | | | |
| | | | | 4/1/19 - | | | · | | | | | |
| | | | | 7/1/19 - | 9/30/19 | | | | | | | |
| - | Parameters (PPS) | | | | | | 1 r | | per quarter | | | |
| | ing Point (Sampling Point ID | | | Monitorii | _ | Colle | ction Perio | d Compl | iance Status | | | |
| Select | from Inventory of Active Sar | mpling Points | | 10/1/18 - | | | | | omplete | | | |
| | | | | 1/1/19 - | | | | Co | omplete | | | |
| | | | | 4/1/19 - | | | | | | | | |
| | | | | 7/1/19 - | 9/30/19 | | | | | | | |
| | tem Facility: ENTRY POI | NT (WSF ID: 00700) | | | | | | | | | | |
| | nd Nitrite (NOX) | | | | | | | - | RT) per year | | | |
| | ing Point (Sampling Point ID |)) | | Monitorii | | Colle | ction Perio | | iance Status | | | |
| ENTRY | POINT (3) | | | 1/1/18 - : | | | | | omplete | | | |
| | | | | 1/1/19 - : | | | | Co | omplete | | | |
| | | | | 1/1/20 - : | | | | | | | | |
| | Wat | er System Facili | ity and Sa | mpling | Point In | nvent | ory | | | | | |
| Water | | | | | | Total | | | | | | |
| • | Water System Facility | Sampling Point | | int | | Coliforn | | | Stage | | | |
| Facility ID | DICTRIBUTION CVCTC | ID A | Description | NI CVCTTT | <u>Status</u> | Rule | ките Тт | er Aspestos | WQP 2 DBP | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTIO | | | | | | | | | |
| | | DOWNSTREAM | | | | | | | | | | |
| 00700 | -N-TDV DOINT | UPSTREAM | WITHIN 5 SEI | | | | | | | | | |
| | ENTRY POINT | 3 | ENTRY POINT | | Α . | | | | | | | |
| | WELL 1 | 2 | WELL 1 | | A | | | | | | | |
| 58694 I | PRESSURE TANK | | | | | | | | | | | |
| | | Con | tact Infor | mation | | | | | | | | |
| Name | | O | rganization | | | | | Job Title | | | | |

Leemilts Petroleum, Inc.

Mailing Address Line Two

Mobile Phone

Suite 110

Fax

President And Ceo

State

NY

Zip Code

11753

City

Jericho

Emergency Phone Email Address

Mr. David B. Driscoll

Two Jericho Plaza

Business Phone

516-338-6000

Mailing Address Line One

Extension

Contact Role(s): Legal Contact, Owner

| (| Connecticu | ıt Depa | irtment (| of Public | Health | Drii | nking | Water | Section | |
|-------------------|------------------|--------------|----------------|----------------|-------------|----------|---------|------------|--------------|-----------------|
| | Wat | er Qua | lity Moni | itoring a | nd Con | nplia | nce S | chedul | le | |
| PWS ID F | PWS Name | | | | | Classif | ication | Population | Owner Type | Primary Source |
| CT0530314 F | RANKLIN MOBI | <u>_</u> | | | | N | IC | 25 | Р | GW |
| Local Address (wh | ere applicable) | | | Service | Resider | ntial Co | mmercia | l Industri | al Combin | ed Agricultural |
| 62 ROUTE 32 | | | Connection | ns | | | | 1 | | |
| Towns Served: FR | ANKLIN | | | | · | · | | | | |
| Name | | | | Organization | | | | | Job Titl | e |
| Mr. Matthew Riv | ers | | | Cco, LLC Sam | n'S Food St | ores | | Account N | Manager | |
| Mailing Address L | ine One | | Mailing Addre | ess Line Two | | | | City | State | Zip Code |
| 2138 Silas Deane | Highway | | | | | | Rocky H | lill | СТ | 06067 |
| Business Phone | Extension | Fax | Мо | bile Phone | Emergenc | y Phone | Email A | ddress | , | |
| 860-955-9074 | 145 | | | | | | Matthe | wR@Samsf | oodStores.co | om |
| Contact Role(s): | Administrative (| Contact. Les | al Contact. Ov | wner | | | | | | |

Contact Role(s): Administrative Contact, Legal Contact, Owner

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End of schedule

| | Connecticut Dep | | | | | U | | | ction | | |
|----------------------------|---------------------------------------|----------------------|--|--------------|-------------|----------|-----------|------|--------------|--------------|--|
| | Water Qua | ality Monit | oring an | d Comp | olianc | e Sch | edule | e | | | |
| PWS ID | PWS Name | | | С | lassificati | on Pop | ulation | Own | er Type Pr | imary Source | |
| CT0530334 | 260 ROUTE 32 | | | | NC | | 35 | | Р | GW | |
| Local Address (w | vhere applicable) | | Service | Residentia | l Comm | ercial | Industria | ı | Combined | Agricultural | |
| 260 ROUTE 32 | | | Connections | | 1 | | | | | | |
| Towns Served: F | RANKLIN | | | | | | | | | | |
| | | | oring Requ | uirement | ts | | | | | | |
| Water System | Facility: DISTRIBUTION | SYSTEM (WSF II | D: 00600) | | | | | | | | |
| Total Coliform Sampling P | n (3100) Point (Sampling Point ID) | | 1 routine (RT) per qua Monitoring Period Collection Period Compliance Sto | | | | | | | | |
| Select from | Inventory of Active Samplir | ng Points | | 1/1/19 - 3, | /31/19 | | | | Cor | mplete | |
| | · · · · · · · · · · · · · · · · · · · | | | 4/1/19 - 6, | /30/19 | | | | | | |
| | | | | 7/1/19 - 9, | /30/19 | | | | | | |
| Total Coliform | n (3100) | | | | | | | | 3 (TR) | per month | |
| Sampling P | Point (Sampling Point ID) | | | Monitoring | Period | Collec | tion Per | iod | | nce Status | |
| Select from | Inventory of Active Samplir | ng Points | | 11/1/18 - 1: | 1/30/18 | | | | Cor | mplete | |
| Physical Parar | meters (PPS) | | | | | | 1 | rou | tine (RT) p | er quarter | |
| Sampling P | Point (Sampling Point ID) | | | Monitoring | Period | Collec | tion Per | iod | Complia | ince Status | |
| Select from | Inventory of Active Samplir | ng Points | | 10/1/18 - 12 | 2/31/18 | | | | Cor | mplete | |
| | | | | 1/1/19 - 3, | /31/19 | | | | Cor | mplete | |
| | | | | 4/1/19 - 6, | /30/19 | | | | | | |
| | | | | 7/1/19 - 9/ | /30/19 | | | | | | |
| Water System | Facility: ENTRY POINT (| WSF ID: 00700) | | | | | | | | | |
| Nitrate And N | itrite (NOX) | | | | | | | 1 r | outine (R | T) per year | |
| Sampling P | Point (Sampling Point ID) | | | Monitoring | Period | Collec | tion Per | | - | ince Status | |
| ENTRY POI | NT (3) | | | 1/1/18 - 12 | /31/18 | | | | Cor | mplete | |
| | | | | 1/1/19 - 12 | /31/19 | | | | Cor | nplete | |
| | | | | 1/1/20 - 12 | /31/20 | | | | | | |
| Water System | Facility: WELL 1 (WSF II | D: 59426) | | | | | | | | | |
| E. Coli (3014) | , | | | | | | 1 t | rigg | ered (TG) | per period | |
| • | Point (Sampling Point ID) | | | Monitoring | Period | Collec | tion Per | | | ince Status | |
| WELL 1 (2) | | | | L0/22/18 - 1 | 0/28/18 | | | | Cor | nplete | |
| | Water 9 | System Facili | ty and Sar | mpling P | oint Ir | vento | ory | | | | |
| Water | | | | | | Total | Lead o | | | | |
| , | er System Facility | Sampling Point ID | Sampling Poil Description | nt | | Coliforn | | | Anhast | Stage | |
| Facility ID | NO. IT. ON CHOTTA | | • | | Status | Rule | Kule I | lier | Aspestos | WQP 2 DBPR | |
| 00600 DISTF | RIBUTION SYSTEM | 4 | DISTRIBUTION | | Α | | | | | | |
| | | DOWNSTREAM | | | A | | | | | | |
| 20707 | | UPSTREAM | WITHIN 5 SER | | Α . | | | | | | |
| | Y POINT | 3 | ENTRY POINT | | Α | | | | | | |
| 59426 WELL | . 1 | 2 | WELL 1 | | A | | | | | | |
| | | Con | tact Inform | mation | | | | | | | |
| Name | | Or | ganization | | | | | | Job Title | | |
| Mr. Samuel Piot | trkowski | | | | | | | | | | |

City

North Franklin

Emergency Phone Email Address

State

 CT

Zip Code 06254

Mailing Address Line Two

Mobile Phone

Fax

Mailing Address Line One

Extension

275 Route 32

Business Phone

| | 6 6 | | | | | | | | | | | |
|--------------------|--|---------------|----------------|-------|-------|---------------------------|-------------|------------|-----------------|--|--|--|
| | Wat | ter Quality N | Monitoring and | d Con | npl | liance S | Schedul | le | | | | |
| PWS ID P | WS ID PWS Name | | | | | Classification Population | | Owner Type | Primary Source | | | |
| CT0530334 2 | T0530334 260 ROUTE 32 | | | | | | 35 | Р | GW | | | |
| Local Address (who | Local Address (where applicable) Service | | | | itial | Commerci | al Industri | al Combine | ed Agricultural | | | |
| 260 ROUTE 32 | | | Connections | | | 1 | | | | | | |
| Towns Served: FRA | ANKLIN | | | | | | · | · | | | | |
| 000-042-4200 | | 000-042-7900 | | | | | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

| | | | | ים ווי דו | 1.1 | D | . 1 . | TA | 7 , | C | | | |
|-------------|-----------|--------------------------|-----------------|---------------|-----------|--------|--------|----------|---|-------|--------------|---------------|--|
| | (| Connecticut Dej | • | | | | | | | | ction | | |
| | | | iality Monit | oring and | d Con | _ | | | | | | | |
| PWS ID | | PWS Name | | | | Clas | | on Pop | | Owr | ner Type P | rimary Source | |
| СТ053034 | | ARROWHEAD ACRES, LLC | • | | | | NC | | 63 | | Р | GW | |
| Local Add | lress (wh | ere applicable) | | Service | Residen | itial | Comme | ercial | Industri | al | Combined | Agricultural | |
| 519 POND | | | | Connections | | | | | | | | 1 | |
| Towns Ser | rved: FR | ANKLIN | | | | | | | | | | | |
| | | | Monito | oring Requ | ireme | nts | | | | | | | |
| | | acility: DISTRIBUTION | SYSTEM (WSF II | D: 00600) | | | | | | | | | |
| Total Co | | • | | | | | | | 1 | rou | | per quarter | |
| _ | | int (Sampling Point ID) | | | Monitori | | | Colle | ction Pe | riod | | iance Status | |
| Selec | ct from I | nventory of Active Sampl | ing Points | : | 10/1/18 - | | | | | | Co | mplete | |
| | | | | | 1/1/19 - | | | | | | | | |
| | | | | | 4/1/19 - | | | | | | | | |
| | | | | | 7/1/19 - | - 9/30 | 0/19 | | | | | | |
| | | eters (PPS) | | | | | | | | | | per quarter | |
| | | int (Sampling Point ID) | | | Monitori | | | Colle | ollection Period Compliance Star Complete | | | | |
| Selec | ct from I | nventory of Active Sampl | ing Points | - | 10/1/18 - | | | | | | Co | mplete | |
| | | | | | 1/1/19 - | | | | | | | | |
| | | | | | 4/1/19 - | | | | | | | | |
| | | | | 7/1/19 - | - 9/30 |)/19 | | | | | | | |
| | | acility: ENTRY POINT | (WSF ID: 00700) | | | | | | | | | | |
| | | rite (NOX) | | | | _ | | | | | - | RT) per year | |
| _ | | int (Sampling Point ID) | | | Monitori | | | Colle | Complete | | | | |
| ENTR | RY POIN | Γ (3) | | | 1/1/18 - | | | | | | Co | mplete | |
| | | | | | 1/1/19 - | | | | | | | | |
| | | | | | 1/1/20 - | | | | | | | | |
| | | | Other Co | ompliance | Sched | lule | S | | | | | | |
| - | | dule Activity | | | | Due L | | | Achie | ved I | Date | | |
| SEASONAI | L START | UP CERTIFICATION | | | | 4/1/2 | | | | | | | |
| SEASONAI | L START | UP COMPLETION | | | | 4/1/2 | 2018 | | | | | | |
| | | Water | System Facili | ty and Sar | npling | Poi | int In | vent | ory | | | | |
| Water | | | | | | | | Total | | | | | |
| System | | System Facility | Sampling Point | | nt | | (| Coliforn | | | | Stage | |
| Facility ID | | 211712112112121 | ID | Description | | | Status | Rule | Rule | Tier | Asbestos | WQP 2 DBPR | |
| 00600 | DISTRII | BUTION SYSTEM | 4 | DISTRIBUTION | | | Α | | | | | | |
| | | | DOWNSTREAM | | | | A | | | | | | |
| | | | UPSTREAM | WITHIN 5 SER | VICE COI | N | Α | | | | | | |
| 00700 | ENTRY | | 3 | ENTRY POINT | | | Α | | | | | | |
| 59835 | WELL 1 | L | 2 | WELL 1 | | | A | | | | | | |
| | | | Con | tact Inforr | nation | 1 | | | | | | | |
| Name | | | Or | ganization | | | | | | | Job Title | | |
| Ms. Stori | Beckwit | h | Ar | rowhead Acres | s LLC | | | | | | | | |

City

arrowheadacresllc@gmail.com

North Franklin

Emergency Phone Email Address

860-933-9311

State

 CT

Zip Code 06254

Mailing Address Line Two

Mobile Phone

700 Route 32

Fax

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Business Phone

860-213-0163

| Connecticut Department of Public Health Drinking Water Section | 1 |
|--|---|
| Water Quality Monitoring and Compliance Schedule | |

| water quality i removing and demphatice semedale | | | | | | | | | |
|--|-----------------------|-------------|---------|----------------|--------------|------------|-----------------|--|--|
| PWS ID | D PWS Name | | | Classification | Population | Owner Type | Primary Source | | |
| CT0530344 | ARROWHEAD ACRES, LLC. | | | NC | 63 | Р | GW | | |
| Local Address (where applicable) | | Service | Resider | ntial Commerc | ial Industri | al Combine | ed Agricultural | | |
| 519 POND ROAD | | Connections | | | | | 1 | | |
| | | | | | | | | | |

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